

State of Washington
Department of Retirement Systems
BENEFICIARY DESIGNATION

PO Box 48380
Olympia, WA 98504-8380

Toll-free: (800) 547-6657
Local: (360) 664-7000

Important: Before completing this form, carefully read the instructions on the back.

SECTION ONE: IDENTIFICATION -- Please print and complete in full

Last name		First name		Middle name	
Retirement System – check one only				Telephone Number (Home)	Social Security Number
<input type="checkbox"/> Public Employees	<input type="checkbox"/> State Patrol			Telephone Number (Work or Daytime)	Member Status <input type="checkbox"/> Active <input type="checkbox"/> Retired
<input type="checkbox"/> Teachers	<input type="checkbox"/> Judicial				
<input type="checkbox"/> Law Enforcement Officers & Fire Fighters					

SECTION TWO: BENEFICIARY DESIGNATION -- See back of form for instructions

Full name of persons or estate	Designation	Relationship	Date of Birth	Address
	Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Check one			Street City State Zip
Social Security #:				
	Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Check one			Street City State Zip
Social Security #:				
	Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Check one			Street City State Zip
Social Security #:				
	Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Check one			Street City State Zip
Social Security #:				
	Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Check one			Street City State Zip
Social Security #:				
Trusts or organizations	Designation	Trustee or Administrator	Address	
Name:	Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Check one		Street City State Zip	

SECTION THREE: CERTIFICATION -- Complete in full

I, _____ (print name), hereby direct that any monies standing to my credit will be paid in equal shares to any primary beneficiaries named above who survive me, but if none survive, such monies will be paid in equal shares to any contingent beneficiaries named above who survive me. I hereby certify that I have read and understand the instructions to this form and that all of the information I have entered on this form is true and complete. Submission of this form revokes any prior designations I have made.

Signature of Member Date

Address

City State Zip Code

SECTION FOUR: WITNESS -- To be completed by a person, other than a beneficiary, who witnesses the member's signature

I, _____, am witness that the above named member completed and signed this document.
Witness's name (cannot be a named beneficiary) - please print

Signature of Witness Date

Address

City State Zip Code

Note to Retirees: This form **cannot** be used to designate a new beneficiary to receive a monthly survivor option (retirement benefit payment options 2, 3 and 4). Beneficiary(s) who receive survivor options are named on the retirement application form and cannot be changed.

Instructions: Use this form to designate or change your beneficiary(s) with the retirement system you indicated in Section One. The designated beneficiary(s) will receive any monies in your account at the time of your death. If you have money in more than one retirement system, you must complete a separate form for each system.

Your designated primary and contingent beneficiary or beneficiaries may be a person, persons, your estate, a trust, or an organization. Primary beneficiaries will receive any monies in your account when you die. If no primary beneficiary is alive at the time of your death, the contingent beneficiary(s) will receive the money in your account.

To make your designation:

1. Complete Section One.
2. In Section Two, type or print in ink the requested information and check the appropriate box to indicate whether you wish to make that person or entity a primary or contingent beneficiary.

When naming a person, always show given names. For example:
MARY K. DOE (not Mrs. Robert Doe)

You may designate more than one primary beneficiary. If you do, the funds will be divided equally among all named primary beneficiaries.

After naming your primary beneficiary(s), you may name one or more contingent beneficiaries. If the primary beneficiaries are no longer living, the funds will be divided equally among all contingent beneficiaries.

3. Complete and sign Section Three.
4. To protect members from fraudulent claims, it is required that another person witness the member's signature on this document and complete and sign Section Four.
5. The form must be returned to DRS, PO Box 48380, Olympia WA 98504-8380.

Important: Your beneficiary designation may be invalidated by subsequent marriage, divorce or reestablishment of membership following termination by withdrawal or retirement. Make a copy of your beneficiary designation and review it periodically to ensure that it is still valid.

This form requests that you provide your Social Security number. 5 U.S.C. Section 552(A) requires that the Department make the following disclosure when requesting that information:

- 26 U.S.C. Sections 6047(D), 6041(A), and 6109(A)(3) authorize DRS to solicit your Social Security number.
- DRS uses your Social Security number to ensure that any amounts disbursed under your account are properly reported to the Internal Revenue Service and as a reference number for tracking all data with regard to your retirement account.
- Routinely, DRS uses the Social Security number as the identifying number for the member file.
- If you do not provide your Social Security number, DRS cannot guarantee that the information you are providing on this form will be properly matched with your member records. This is a particular risk if your name is a fairly common one. Failure to provide your Social Security number may also result in misreporting to the Internal Revenue Service of any disbursements you receive, which may result in adverse tax consequences for you.
- Because DRS uses your Social Security number in order to report disbursements to the IRS as required under federal law, the disclosure of your Social Security number is mandatory.